

Green Mountain Care Board
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DELIVERED ELECTRONICALLY

April 5, 2017

Spencer Knapp, Esq.
University of Vermont Medical Center
111 Colchester Ave.
Burlington, VT 05401

**RE: Docket No. GMCB-001-17con-16con, Proposed Replacement of Electronic Health Record,
Project Cost: \$112.4 million**

Dear Spencer:

Thank you for the response to our first set of questions. The information requested below, in addition to financial questions that will follow, is needed to complete our review. Please respond to the following:

1. Clarify whether the Ponder & Co. document provided is the full report of its analysis. If not, provide the complete document.
2. While HL-7 is the international standard, identify the version of HL-7 that will be used to convert this data from one system to another. If there are multiple versions within EPIC, please detail each module and which HL-7 version will be used.
3. Clarify and explain any network-wide policy for data conversions and archiving, and the policy or policies that each site has in place for archiving or HIM until the new proposed HIM is fully operational.
4. Fully explain whether the following is in place for the new system: a) regression testing to validate new interfaces to ensure data is coming across accurately; b) User Acceptance Testing prior to go live to validate configuration and usability for clinicians/physicians.
5. Clarify the following: If a non-A/R sunsets six months after going live, explain why the chart shows sunset in Year 4. If A/R related systems will sunset 12 months after going live, explain why the inpatient financial system from GE sunsets in Year 4.
6. Provide the following documents for review:

- a. Cumberland Evaluation/Analysis of the environment(s) – Includes “as is” and “to be” environment, architecture, sun-setting of systems, training, requirements and standardization, etc.
 - b. EPIC’s proposal for environment – Includes “to be” schedule, resources, architecture, training, etc.
 - c. Master Project Management Plan – Includes all sub-plans and approaches to managing this roll out
 - i. Communication Plan – all stakeholders identified and approach for communication with stakeholders at all levels – ties into Change Management Plan
 - ii. Quality Plan – Approach to quality assurance, control and traceability
 - iii. Requirements Management Plan with Requirements Traceability Matrix (RTM), Approach to requirements gathering and RTM for each site
 - iv. Test Plan – Approach to testing all aspects of mission critical system from interfaces, to templates, to workflow. Includes unit, integration, load, performance, user acceptance testing (UAT).
 - v. Risk Management Plan and Contingencies – Approach to managing risk, all risk associated with implementation and escalation path. Any risk that are HIGH or CRITICAL must have detailed Contingency Plan associated with risk.
 - vi. Training Plan (with roles, resources, training courses, including -pre- and post- go-live training schedule),
 - vii. Change Management Plan – Approach to governance of implementation, change management board (CMB), change management escalation.
 - d. System Design Plan – Draft document that incorporates EPIC’s proposal with other custom aspects of the implementation, including interfaces, legacy feeds, data, workflow, etc.
 - e. Interface Control Document – what interfaces need to be developed for which systems, what level of effort, schedule, resources, cost,
 - f. Integration Plan – Data focused on standardization and mapping of existing legacy systems to new systems. Which HL-7 format will be used, if not custom, what data, which fields, etc.
7. Page 11 of the application states that the project can bring independent physician practices, hospitals, FQHCs and other providers into the unified EHR through license agreements. Explain how costs will be assessed for new provider/practices and indicate and whether any of these entities have indicated an interest.
 8. Provide the date and copy of the minute/votes from meetings where the Board of Trustees and any Committees discussed and voted to approve representation in the original and the revised application.
 9. Provide a list of solutions that will need customization and their associated costs, and indicate whether those costs are included in the total project cost.
 10. Explain whether all the Cumberland and EPIC consulting costs are included in the total cost of the project.



11. Given the scope and complexity of the project, explain the basis for allocating a 10% contingency for this project.
12. Provide mitigation of risk associated with recruiting and retaining staff resources referred to in the footnote on page 17 of the revised application. Provide the timeframe for the elimination of and rehiring for positions. Identify the resource labor categories and skills that will be required going forward. Explain the impact on providers' ability to provide patient-level care.
13. Confirm that no Vermont funds are being used to subsidize project capital costs in participating New York facilities.
14. Provide an overview of the due diligence performed to determine that the status of fiber optics/band width/infrastructure, etc. in place in Vermont are sufficient to support this project.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies (three-hole punch one hard copy) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to me at donna.jerry@vermont.gov.

If you have any questions, please do not hesitate to contact me at 802-828-2918.

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

cc. The Office of the Health Care Advocate

